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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									1165	4366	ン	
CLAIMS AS FILED - PART I							ENTITY	OR	OTHER T Ń SMALL ENTITY		ı	•
(Column 1) (Column 2)							•	· 1		FEE		
FOR NUMBER FILED NUMBER EXTRA						RATE	FEE		RATE		l	
BASIC FEE D7 CFR 1.18(a))						 	-	OR		<u> </u>		•
TOTAL	C(AMS) R 1.16(c))	· m	entrues 20 •			<u> </u>	 	OR				
OXDEP	ENDENT CLAIMS R 1.16(b))		minus 3 *			× 5	 	OR	X \$	 	1	
		CLAIM PRESENT	(37·C	FR (.16(d))				OR	**		1	
			ero enter	or in column 2		TOTAL	<u></u>	OR	TOTAL	ــــــــــــــــــــــــــــــــــــــ	-	
e if the difference in column 1 is less than zero, emiss of in column 2. CLAIMS AS AMENDED - PART II (Column 2) (Column 3)							ENTITY	; ok.	OR OTHER THAN SMALL ENTITY			
4		(Column 1) CLAIMS REMAINING AFTER	<u> </u>	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	".	RATE	ADDI- TIONAL FEE	<u> </u>	
ENDMENT	Yotal	AMENDMENT	Minut	PAID FOR	· h	× .		OR	x 5	<u> </u>		. :-
ğ	p1 OFR 1.18(4)	100	Minus	2005	-0		,	OR	1,,] ;	٠
힣	tndepen-lard pr ora 1.16p.p					+ 1		OR				
Y.	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM D7 CFR 1.16(d)					TOTAL		- OR	TOTAL		٠.	
	ADDIFEE UNI ADDITION										7	
	·	(Column 1) (Column 2) (Column 3)					<u> </u>	٦ .	RATE	(AOO)	্ৰ <u>।</u>	
8		CLAIMS REMAINING AFTER	-	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAI REE		1	TRONAL.	<u> </u>	.:
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ENDM	independent or one 1.1600	- 00	Minus		= 7	X.S	•	OR	2		=	
lΣ		TATION OF MULTIPL			R LIGITA	1	•.	Ori		<u> </u>		••
1	FIRST PRESEN	NATION OF MULTIPLE	EUCTEU		1.	TOTAL ADOLF	EE	OR	ADDL FE	E	4	:
1_	7-17-06	(Column 1)		(Cotumn 2)	(Column 3)	·		¬	T	7		
2	<u>, </u>	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRÀ	RAT	ADO TION	AL.	RATE	TIONAL FEE		
Į,	Total	AMENDMENT	Minus	PAID FOR	1- 7	4 xs_	_•	<u> </u>		• 1/_	- `	•
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 18(4))								ヿ゙.	TOTAL			-
Γ	:	•			ر سرامي جا جورر	ADDL	FEE L	<u>`</u> . ''				
"If the entry in cotumn 1 is tass then the entry in cotumn 2, write "0" in cotumn 3. "If the Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "2". "If the Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". "If the Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 3, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is less than 20, enter "7". The Progress Number Previously Paid For IN THIS SPACE is												
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Th	ts collection of b	st Number Previous 1 Number Previous dormation is requir 1 on application. Co	ed by 37 (FR 1.16. The in	dornation is n 35 U.S.C. 122	and 37 CFR 1.	4. This collect	ion la estim ending upo	zied to lake 12 n the individual	minutes to comp	pero. nents	•

USPT to process), an application. Confidentisting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the complete this form and/our suggestions for reducing this burden, should be said to the Chief information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients; P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.